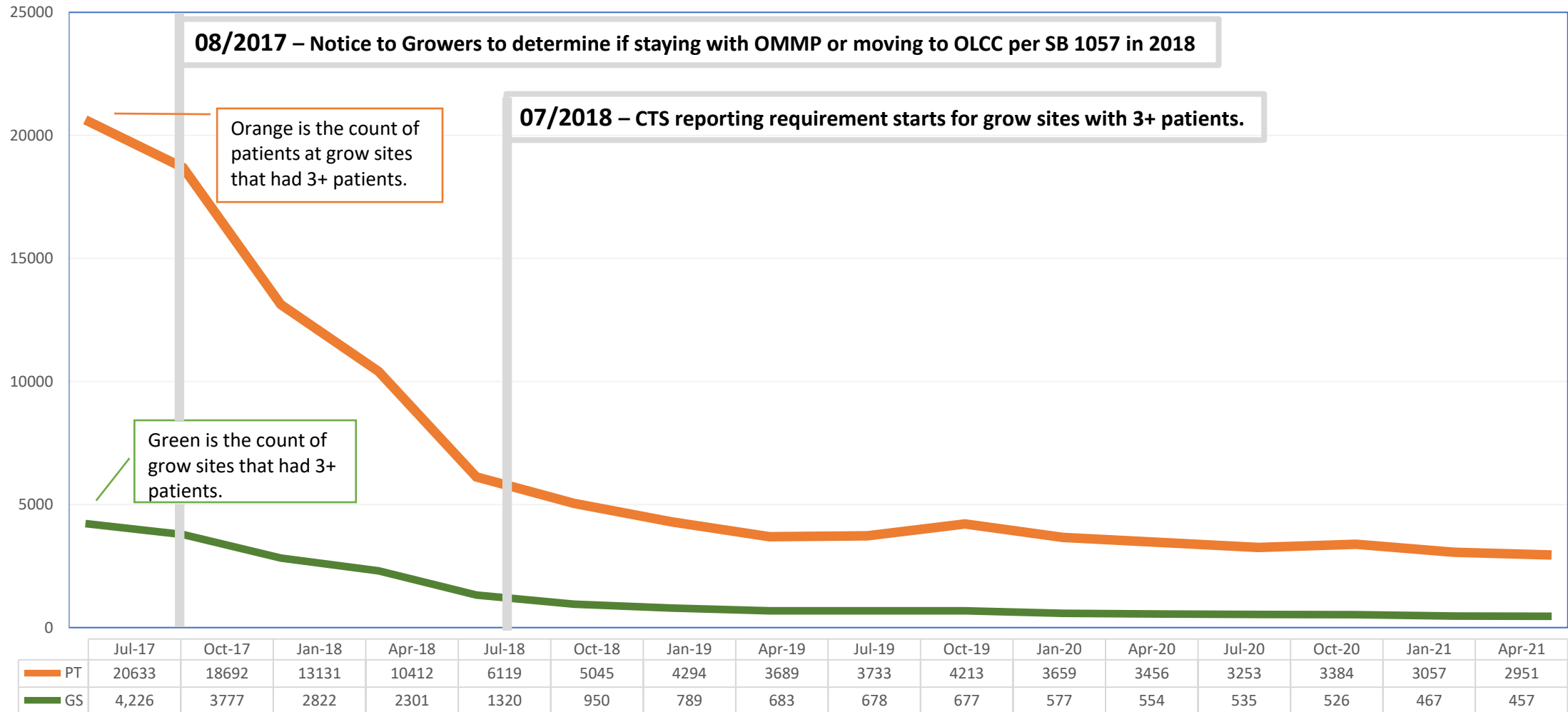


OMMP GROW SITES WITH 3+ PATIENTS, 07/2017 – 04/2021



What happened to 3+ grow sites?

- Reduced patient count to 1 or 2;
- Stopped growing.

What happened to patients at 3+ grow sites?

- Changed grow sites;
- Stopped using grow sites;
- Dropped out of the OMMP.

Percentage Reductions


- In **July 2017**, **4,226** or **17%** of OMMP grow sites had 3+ patients and 20,633 or 45% of patients were at one of these grow sites.
- In **April 2021**, **457** or **7%** of OMMP grow sites had 3+ patients and 2,951 or 28% of patients were at one of these grow sites.

Oregon Medical Marijuana Program Application Instructions

Before you start:

Type or print legibly. Do not change the form or use "White Out." Put check or money order in the envelope with this application. Do not staple or tape your check or money order to your paperwork. Keep copies of everything you submit to the OMMP. Sections 1 and 4 are required.

 If you see this symbol, additional documentation is required.




 If you see this symbol, payment is required.

Section 1: Patient information

All applicants must complete Section 1: Patient information.

- Complete all the requested fields and provide the required documentation.


Required additional documentation for Section 1:

-  Proof of current Oregon residency for yourself. An Oregon-issued driver's license or identification card is acceptable residency proof. Other acceptable forms of residency proof include a recent utility bill or rental agreement.
-  Government-issued photo ID. Examples: Driver's License, State ID, Military ID (must show date of birth), US Passport, US- issued Visa, Permanent Resident Card, Tribal ID (including full name, date of birth and a photo).
-  Attending Physician's Statement (APS) or medical chart notes that contain a diagnosis of your qualifying condition and a statement that medical marijuana may mitigate the symptoms or effects of your condition. Your medical documentation must be signed and dated no more than 90 days from the day the OMMP receives it and cannot be dated earlier than 90 days before your registration expiration date. Contact the OMMP for a form, or print the form online at healthoregon.org/ommpforms
 - **If you are a US veteran** and can submit proof that you meet either of the qualifications below, you do not need to submit medical documentation when renewing:
 - Has been assigned a total and permanent disability rating for compensation that rates the veteran as unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities described in 38 C.F.R.4.16; or
 - Has a United States Department of Veteran's Affairs total disability rating of 100% as a result of an injury or illness that the veteran incurred, or that was aggravated, during active military service and who received a discharge or release under other than dishonorable condition.

Section 2: Caregiver information



- Only patients who are designating a caregiver or who are under 18 years of age are required to fill out Section 2: Caregiver information. If not, skip to Section 3.
- A caregiver must be 18 years of age or older.
- The patient's physician cannot be a patient's primary caregiver.
- A caregiver is a person with significant responsibility for managing the well-being of the patient.
- A patient under 18 years of age must name the patient's custodial parent or legal guardian as their caregiver.

Required additional documentation for Section 2:

-  Government-issued photo ID. Examples: Driver's License, State ID, Military ID (must show date of birth, US Passport, US- issued Visa, Permanent Resident Card, Tribal ID including full name, date of birth and a photo).

Section 2: Caregiver information


The following additional documentation may be required based on your situation:

-  **Patient is a minor:** Patients under the age of 18 must submit a notarized Declaration of Person Responsible for a Minor form signed by the minor's custodial parent or legal guardian who is responsible for the minor's health care decisions. ORS 475B.797(3) Contact the OMMP for a form, or print the form online at healthoregon.org/ommpforms
-  **Patient is designating an organizational or facility caregiver.** Complete the Organizational or Facility Caregiver consent form and submit it with this application. Contact the OMMP for a form, or print the form online at healthoregon.org/ommpforms
 - **"Organization or facility caregiver" means:** An organization that provides hospice, palliative or home health care services that is licensed under ORS 443.014 to 443.105, 443.305 to 443.355, or 443.850 to 443.869 and has significant responsibility for managing the well-being of a patient OR a residential facility as defined in ORS 443.400 that is licensed under ORS 443.400 to 443.455 and has significant responsibility for managing the well-being of a patient.




Section 3: Grower and grow site information

- Only patients who are their own grower or designating a grower are required to fill out Section 3: Grower and grow site information. If not, skip to Section 4.
- A grow site that is the patient's residence, where the patient (or that patient's caregiver) is the designated grower for the patient, may not have more than 12 mature marijuana plants - if more than 2 patients are registered to the site.
- Visit healthoregon.org/ommpreporting to see if monthly inventory and transfer reporting requirements apply.
- A grower must be 21 years of age or older.
- Grow sites are subject to inspection.

Grower required additional documentation for Section 3:

-  **Government-issued photo ID.** Examples: Driver's License, State ID, Military ID (must show date of birth), US Passport, US- issued Visa, Permanent Resident Card, Tribal ID (including full name, date of birth and a photo).

Grow site required additional documentation for Section 3:


-  You must provide a United States Postal Service physical address for your grow site. **If the site has no physical address, you must provide the documentation outlined in OAR 333-008-0020(3)(b).**
-  **Proof of zoning** is required if the grow site address is located within city limits. Zoning documentation can be obtained from the county or city.
-  **Grow Site Consent form:** An application received by OMMP on or after January 1, 2020, must include a Grow Site Consent form if the patient or the grower is NOT the owner of the grow site property. Print the form online at healthoregon.org/ommpforms or contact the OMMP for a form.

Section 4: Patient signature and fees

Patient signature

The applicant, patient, must sign and date the application form.

Fees

-  Payment is required with this patient application. OMMP fees are non-refundable. Make checks payable to OHA/OMMP. Do not send cash.



Oregon Medical Marijuana Program Application *(to be completed by patient)*

***Sections 1 and 4 are required for all applicants. Be sure to sign section 4.**

Section 1: Patient information <i>(Section 1 is required.)</i>	
Name <i>(first, middle initial, last):</i> _____	Date of birth: / /
Mailing address: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
City: _____ State: _____ ZIP: _____	County: _____
Phone number: _____	
Proof of Oregon residency <i>(check one and enclose a copy):</i> <input type="checkbox"/> Oregon ID OR <input type="checkbox"/> Other ID and residency proof	
Government-issued photo ID number <i>(enclose a copy):</i> _____	
Attending Physician's Statement (APS)	

Section 2: Primary Caregiver information <i>(Complete section 2 only if you have a caregiver. If not, skip to section 3.)</i>	
Name <i>(first, middle initial, last):</i> _____	Date of birth: / /
Mailing address: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
City: _____ State: _____ ZIP: _____	County: _____
Phone number: _____	
Government-issued photo ID number <i>(enclose a copy):</i> _____	

Section 3: Grower and grow site information <i>(Complete section 3 only if you are your own grower or designating a grower. If not, skip to section 4. Reporting requirements may apply to growers.)</i>	
Grower's name <i>(first, middle initial, last):</i> _____	Date of birth: / /
Mailing address: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
City: _____ State: _____ ZIP: _____	County: _____
Phone number: _____	
Government-issued photo ID number <i>(enclose a copy):</i> _____	




Grow site information
Physical grow site address: _____
City: _____ State: _____ ZIP: _____ County: _____

Grow site questions
1. Is the grow site inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the grow site the patient's residence? <i>(Grow sites at a patient's residence may have lower plant limits. See instructions for details.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will the grower be transferring medical marijuana to a medical marijuana dispensary or processing site? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Who is the owner of the property where the grow site is located? <input type="checkbox"/> Patient <input type="checkbox"/> Grower <input type="checkbox"/> Other
<i>(If "Other" is checked you are required to submit the Medical Marijuana Grow Site Consent form with this application.)</i>

Section 4: Patient signature and fees <i>(Section 4 is required.)</i>	
Patient signature	
I attest the information provided is true and I understand my application may be denied or my cards suspended or revoked for submitting false information. In addition, by signing I authorize OMMP to verify any information provided in this application including but not limited to contacting the physician who signed the Attending Physician's Statement or the property owner providing consent for use of the grow site.	
Patient signature: _____	Date: _____

Grow site required documentation

You may be required to provide the following documents and information to register your designated grower and grow site. See instructions for details.

-  **Proof of legal grow site address**
-  **Proof of grow site address zoning** If you selected “Yes” for question 1 of the “Grow site questions”, you are required to submit proof of grow site address zoning.
-  **Grow site consent form** If “other” is checked for question 4 of the “Grow site questions”, you are required to submit the Medical Marijuana Grow Site Consent form with this application.

Application and grow site registration fees

\$ A patient application fee is required to be sent in with this application (see instructions for details).

Patient application fee: \$200 unless patient sends proof of:

Discounted fees	\$60	Supplemental Nutrition Assistance Program (SNAP) benefits.
	\$50	Oregon Health Plan (OHP) benefits.
	\$20	Supplemental Security Income (SSI). (Note: Social Security Disability Income and retirement benefits do not qualify.)
	\$20	Having served in the U.S. armed forces.

\$ Grow registration site fee (see instructions for details):

Growers will be mailed a letter with instructions on how to create an OMMOS account and pay their fee online.

\$200 The grower must submit a \$200 grow site registration fee if one or more of the following is true:

- The grow site is not the patient’s residence.
- The grower is not the patient on this form.
- The grower will be transferring medical marijuana to a dispensary or processing site.

\$0 No grow site registration fee is required for patients growing for themselves at their own residence where there are 12 or fewer mature medical marijuana plants.

OMMP fees are non-refundable. If you mail in these fees, make checks payable to OHA/OMMP. Do not send cash.

Growers may pay online after receiving notification from OMMP with payment instructions.

Growers must understand and comply with all grower requirements including reporting and tracking requirements.

For more information visit our webpage for Medical Marijuana Growers at: healthoregon.org/ommpgrower.

Mailing in your completed application

Mail your complete application, along with all required documentation (such as medical documentation, ID copies, residency proof, consent forms as required, zoning documentation, proof of a legal address for the grow site and reduced fee proof as applicable) and check/money order to:

**OHA/OMMP
P.O. Box 14450
Portland, OR 97293-0450**

You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Medical Marijuana Program (OMMP) at 971-673-1234 or 711 for TTY.

ATTENDING PHYSICIAN'S STATEMENT Oregon Medical Marijuana Program

Office use only: OBME	
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Instructions: Please complete all sections of this form in order to comply with the registration requirements of the Oregon Medical Marijuana Act **OR** provide relevant portions of the patient's medical record containing all information required on this form. **This does not constitute a prescription for marijuana.**

If you need this document in an alternate format, please call (971) 673-1234.

****This form must be received by the OMMP within 90 days of the physician's signature date.****

****You cannot renew more than three months prior to your current card expiration date.****

PRINT LEGIBLY.

A	PATIENT INFORMATION	
	PATIENT NAME:	DATE OF BIRTH:
	MAILING ADDRESS:	TELEPHONE #:
	CITY, STATE AND ZIP CODE:	

B	PHYSICIAN INFORMATION	
	PHYSICIAN NAME:	MD/DO #:
	MAILING ADDRESS:	TELEPHONE #:
	CITY, STATE AND ZIP CODE:	

C	DEBILITATING MEDICAL CONDITION	
	Check all appropriate boxes:	
	<input type="checkbox"/> 1. Malignant neoplasm (Cancer)	
	<input type="checkbox"/> 2. Glaucoma	
	<input type="checkbox"/> 3. Positive status for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)	
	<input type="checkbox"/> 4. A degenerative or pervasive neurological condition	
	<input type="checkbox"/> 5. Post-Traumatic Stress Disorder (PTSD)	
	6. A medical condition or treatment for a medical condition that produces for a specific patient one or more of the following (<i>check all that apply</i>):	
	<input type="checkbox"/> a. Cachexia	
	<input type="checkbox"/> b. Severe pain	
	<input type="checkbox"/> c. Severe nausea	
	<input type="checkbox"/> d. Seizures, including but not limited to seizures caused by epilepsy	
	<input type="checkbox"/> e. Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis.	
	Comments:	
	I hereby certify that I am a physician duly licensed to practice medicine in Oregon under ORS Chapter 677. I have primary responsibility for the care and treatment of the above-named patient. The above-named patient has been diagnosed with the above debilitating medical condition(s). Marijuana used medically may mitigate the symptoms or effects of this patient's condition. <u>This is not a prescription for the use of medical marijuana.</u>	
	PHYSICIAN'S SIGNATURE:	DATE:

PATIENT MAIL ATTENDING PHYSICIAN'S STATEMENT TO:

OHA/OMMP
PO Box 14450 Portland, OR 97293-0450

REPORTING AND TRACKING REQUIREMENTS FOR MEDICAL MARIJUANA GROWERS

As a registered grower, you are required to comply with reporting and tracking requirements outlined in Oregon Administrative Rule (OAR) 333-008-0630 through 333-008-0638. A full explanation of reporting and tracking can be found at:
healthoregon.org/ommpreporting

Most growers are required to use one of the following systems for tracking and reporting:

- CANNABIS TRACKING SYSTEM (CTS)
- OREGON MEDICAL MARIJUANA ONLINE SYSTEM (OMMOS)

To be **exempt** from reporting and tracking, all of the following must be true:

1. You are a patient only growing for yourself at your residence; AND
2. There are two or fewer patients registered at the grow site; AND
3. You are not transferring to a medical processor or dispensary.

To determine if you are required to report and which system to use:

- Sign in to your OMMOS account at **ommpsystem.oregon.gov**.
- View your reporting designation under the “Grow Sites” tab.

CANNABIS TRACKING SYSTEM (CTS)

USED TO REPORT DAILY AND ADMINISTERED BY THE OLCC

If the following describes your grow site, you are required to use CTS.



**A grow site where there are
3 or more patients registered.**

Grow Site Administrator (GSA)

Grow sites required to use CTS must designate a Grow Site Administrator (GSA) and pay the non-refundable annual CTS user fee within 15 days of being notified by the Oregon Medical Marijuana Program (OMMP).

OREGON MEDICAL MARIJUANA ONLINE SYSTEM (OMMOS)

USED TO REPORT MONTHLY TO THE OMMP

If the following describes your grow site, you are required to use OMMOS.



**A grow site where there are
2 or fewer patients registered AND
either of the following are true:**



You are a patient growing for yourself at your own residence and you are transferring marijuana items to a medical processor or dispensary.



You are a patient growing for yourself at a grow site address that is not your residence.

⚠️ GROW SITE REPORTING REQUIREMENTS CAN CHANGE ⚠️

Pursuant to ORS 475B.785 to 475B.949, OAR 333-008-0720 to OAR 333-008-0740, failure to comply may result in your registration card or certificate being revoked or suspended or civil penalties being imposed against you of up to \$500 per day.

MEDICAL MARIJUANA PLANT LIMIT PER PATIENT

A grower may not produce more than the following per patient, subject to the overall grow site plant limits.



- 6 mature plants
- 12 immature plants over 24"
- 36 immature plants under 24"

MEDICAL MARIJUANA GROW SITE PLANT LIMITS

The grow site location limits the total amount of allowed plants, regardless of the number of patients, with a plant maximum of:



The grow site is located at a patient's residence where the patient or the patient's designated primary caregiver produces marijuana.

This total includes the 4 personal (recreational) marijuana plants permitted under the Oregon Revised Statutes (ORS) 475B.301:

- 12 mature plants
- 24 immature plants (no size limit)



The grow site location is within city limits and zoned residential:

- 12 mature plants
- 24 immature plants over 24"
- 72 immature plants under 24"



The grow site location is within city limits but not zoned residential OR

The grow site location is outside city limits:

- 48 mature plants
- 96 immature plants over 24"
- 288 immature plants under 24"

Oregon Medical Marijuana Program (OMMP)

General Questions

Email: ommp.info@dhsosha.state.or.us

Phone: 971-673-1234 12 pm – 4 pm (M – F)

OMMOS Reporting & Tracking Questions

Email: mmg.online@state.or.us

Mailing Address: Oregon Medical Marijuana Program

PO BOX 14450

Portland, OR 97293-0450

Oregon Liquor Control Commission (OLCC)

CTS Training & System Questions

Email: marijuana.cts@oregon.gov

Phone: 503-872-5000

Reporting and tracking requirements:

Oregon Medical Marijuana Online System (OMMOS):

Sign up for OMMP email updates under Quick Links:

METRC (system used to fulfill the CTS requirements):

healthoregon.org/ommpreporting

ommpsystem.oregon.gov

healthoregon.org/ommp

or.metrc.com